

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16	1					
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19						
20	1					
21	1					
22	1					
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31	1					
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38						
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41	1					
42	1					
43	1					
44						
45	1					
46						
47						
48						
49						
50	1					
TOTAL IND.	13		13		13	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	13		13		13	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.	13		13		13	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	13		13		13	